

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002099

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: NIGHT VISION SYSTEMS, LLC

## Current Principal Place of Business:

542 KERNMERER LANE  
ALLENTOWN, PA 18104

## New Principal Place of Business:

542 KEMMERER LANE  
ALLENTOWN, PA 18104

## Current Mailing Address:

542 KERNMERER LANE  
ALLENTOWN, PA 18104

## New Mailing Address:

542 KEMMERER LANE  
ALLENTOWN, PA 18104

FEI Number: 11-3684395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DRS TECHNOLOGIES, IN, C.  
Address: 5 SYLVAN WAY  
City-St-Zip: PARSIPPANY, NJ 07054

Title: PRES ( ) Delete  
Name: BAIRD, JAMES M PRES.  
Address: P.O. BOX 740188  
City-St-Zip: DALLAS, TX 75374

Title: VPGM ( ) Delete  
Name: WRIGHT, CHRISTOPHER VP/GM  
Address: 542 KEMMERER LANE  
City-St-Zip: ALLENTOWN, PA 18104

Title: VP ( ) Delete  
Name: RINSKY, JASON VP/TAX  
Address: 5 SYLVAN WAY  
City-St-Zip: PARSIPPANY, NJ 07054

Title: SECY ( ) Delete  
Name: DUNN, NINA LASERSON SECY.  
Address: 5 SYLVAN WAY  
City-St-Zip: PARSIPPANY, NJ 07054

Title: TRES ( ) Delete  
Name: SCHNEIDER, RICHARD A TRES.  
Address: 5 SYLVAN WAY  
City-St-Zip: PARSIPPANY, NJ 07054

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES (X) Change ( ) Addition  
Name: MURPHY, TERRY PRES.  
Address: P.O. BOX 740188  
City-St-Zip: DALLAS, TX 75374

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JASON RINSKY

VP

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date